URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS OCT 25 1960

-60-039430

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 399

ENDED

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Francois
c. CITY OR TOWN Elvins, Mo Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Burch

4. DATE OF DEATH Month Day Year Oct 12, 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH May 28, 1884

9. AGE (last birthday) 76

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REtired

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and state or country) Madison Co.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jasper Braddy

13b. MOTHER'S MAIDEN NAME Armenta Wagner

14. NAME OF HUSBAND OR ~~WIFE~~ Samuel H. Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Samuel H. Burch Elvins, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension & Arteriosclerosis — years
DUE TO (c) Diabetes mellitus — 15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Had previous Cerebral hemorrhage about 3 yrs ago.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1947 to Oct 12, 1960 and last saw her/him alive on Oct 12, 1960
Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Foster (Degree or title) MD

22b. ADDRESS Desloge Mo

22c. DATE SIGNED 10-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-15-60

23c. NAME OF CEMETERY OR CREMATORY OddFellows Cemetery

23d. LOCATION (City, town, or county) (State) Bismarck, Mo

24. FUNERAL DIRECTOR ADDRESS R. Caldwell & Sons Flat River, Mo

25. DATE RECD. BY LOCAL REG. Oct. 15, 1960

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.